HOA Outbreak Response Assessment

Ethiopia

8th to 12th June 2015

The assessment team acknowledges and commends the coordinated efforts of government and all partners in this outbreak response including Rotary, USAID, BMGF, CDC, CoreGroup, UNICEF, and WHO as well as the special efforts of the Somali RHB and the Dollo Zone administration and finally the continued support from communities

Objectives

- Determine as accurately as possible whether or not polio transmission has been stopped

- Determine the level of support the country requires in order to achieve or maintain levels of surveillance sensitivity and population immunity sufficient enough to reliably maintain a polio-free status

- Provide recommendations for strengthening AFP surveillance and to ensure that a comprehensive and adequate outbreak preparedness plan is in place.

Schedule

Date	Activity	Venue
8th June	• Briefing the assessment team by country team	Ministry of Health
9th-11th June	• Review	WHO Office
12th June	• Debriefing	Ministry of Health
13th-14th June	• All three country teams arrive in Nairobi	PanAfric Hotel
15th-16th June	• Compilation of reports	PanAfric Hotel
17th June	• Final HOA debriefing	PanAfric Hotel

Assessment team

	Name	Organization
1	Chidiadi Nwogu	HoA
2	Hans Everts	BMGF
3	Endale Beyene	USAID
4	BalRam Bhui	CoreGroup
5	Ed Maes	CDC
6	Sam Okiror	HoA
7	Rustam Haydarov	UNICEF

Subject areas of assessment

- **Implementation of recommendation from previous assessment**
- Quality of outbreak response
- AFP surveillance sensitivity
  - Risk of undetected transmission
  - Ability to detect any new transmission at earliest
- Population Immunity: Quality of SIAs, RI and assessment of need for additional SIAs
- Communication strategy
- Plans to strengthen / maintain population immunity with special focus on known high risk areas and populations
- Outbreak preparedness and response plan

Status of implementation of previous outbreak response assessment recommendations

- ***Summary Status:***

  Total recommendations: 16

  Fully implemented: 7

  Ongoing: 9

Progress on Follow up of November 2014 Outbreak Response Assessment Recommendations (1)

Recommendation	Status	Comments
MICROPLANNING Strengthen identification and inclusion of all settlements in micro plan and Improve documentation of micro plan at health facility level.	Done	Clan and religious leaders involved in every round of micro planning in Dollo zone.
Need to strengthen Micro planning including social mapping in other zones of Somali region	Ongoing	During February NID, special emphasis and close supervision of the Regional command post
NOMADIC Continue strengthening efforts for reaching pastoral/ nomadic	Done	Nomadic and Pastoral specific teams have been deployed; increasing coverage continues to be achieved in Dollo zone. However, still some of this population group is being missed owing to gaps in micro planning.
Explore other opportunities like veterinarian services and integrated health package, WASH and nutrition	Ongoing	Water point and market strategy is implemented but needs to be arranged according to a definite plan. Other discussions still need to occur
FINANCE Submit budget 3 month in advance of SIA, funds should be in country at least 2 months before SIA and at Woreda level 1 week before	Done	Budget request for March SNID submitted at end of December 2014; budget approved and funds are available in country. April budget in country. June Budget submitted and approved. July budget being prepared.
Consider continuing direct disbursement to high risk regions	Done	Direct implementation done in Dollo for the November NID and April. Implementing partner was used to provide direct disbursement to vaccination teams during February NID. UNOPs being considered for future rounds

Progress on Follow up of November 2014 Outbreak Response Assessment Recommendations (2)

Recommendation	Status	Comments
SURVEILLANCE Fast track full implementation of community based surveillance in Dollo Zone; Community surveillance should also include traditional healers/ TBA	Ongoing	210 Woreda and health facility focal persons trained; training of community agents and monthly review meetings scheduled. CBS already being conducted in Nogob Zone. Additional funds transfer for CBS being processed for Somali region. Expanded CBS in Somali Region being supported by BMGF
Social mobilizers, vaccinators and supervisors should be sensitized on detection and reporting of AFP cases	Ongoing	Through SIAs opportunities. Training for field staff in Somali conducted. WHO Somali Regional Coordinator temporarily assigned to Dollo zone for next 3 months
Health Facility Contact analysis should be done for all AFP cases	Ongoing	Contact sampling done 3 high risk regions (Somali, BenishangulGumuz and Gambela) and 7 high risk zones (E & W Harerghe, N Gonder, Bench Maji, Keffa, Sheka, South Omo & W Tigray). Total of 167 samples taken from 127 index cases at 41.7% contact samples taken.
Strengthen frequency and quality of ACS; Need to have a Woreda PHEM focal in Dollo zone	Ongoing	Training for field staff in Somali conducted in December. WHO Somali Regional Coordinator temporarily re assigned to Dollo zone to oversee surveillance strengthening. Prioritization of health facilities for ACS done in Dollo and will be closely monitored.
MONITORING LQAS should be expanded in the next campaign to include Dollo zone and other high risk zones	Done	LQAS pilots done during Nov NID in Fafan and Dolo zones. Expanded to include 3 zones during February NID and April SNID, 4 zones during June campaign

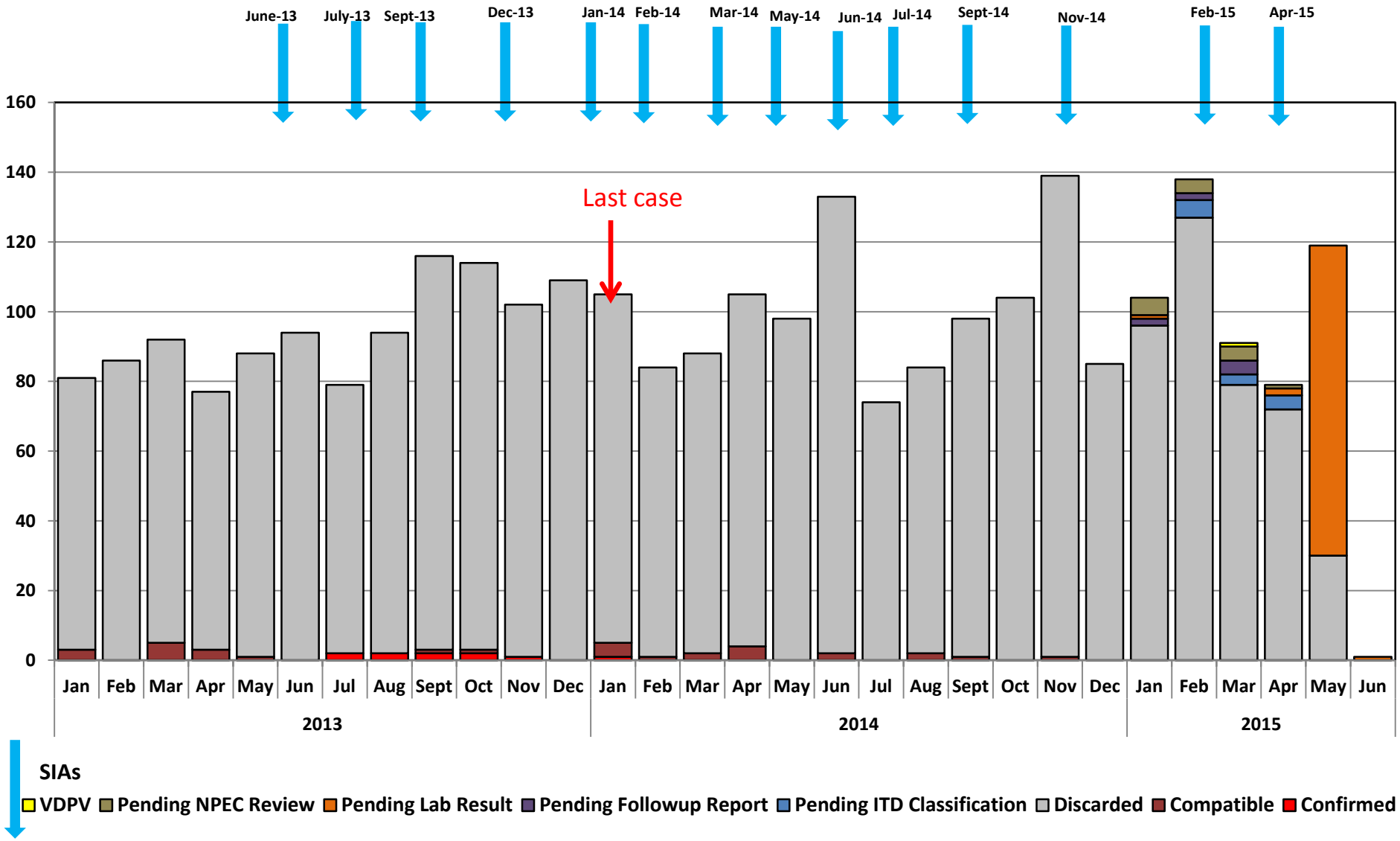
Progress on Follow up of November 2014 Outbreak Response Assessment Recommendations (3)

Recommendation	Status	Comments
PERMANENT VACCINATION POINTS Resume Permanent vaccination points at Dollo with weekly real time reporting.	Ongoing	DFC to Somali RHB has been processed and funds to resume activities have been received.
COMMUNICATION Continue to strengthen existing social mobilization interventions in light of available communication evidence	Done	Communication and social plan integrated in micro plans achieved in Dollo; need to be continued and strengthen in other zones.
Develop communication action plan for sustained engagement with pastoralists	Done	IPC training has been integrated however it needs to be strengthened with improved IPC module
RESOURCES Fill vacancies at Woreda and HF level on priority basis in outbreak zone	Ongoing	WHO Somali Regional Coordinator temporarily assigned to Dollo zone for next 3 months
TRAINING Training need to be further strengthened, especially for supervisors and new vaccinators.	Ongoing	IIP Training conducted in Dollo zone and 9 poor performing zones during December/January. Additional trainings scheduled in February. Vaccinator training conducted during November NID

Speed and appropriateness of outbreak response activities as per WHA Resolution, 2006 (WHA59.1)

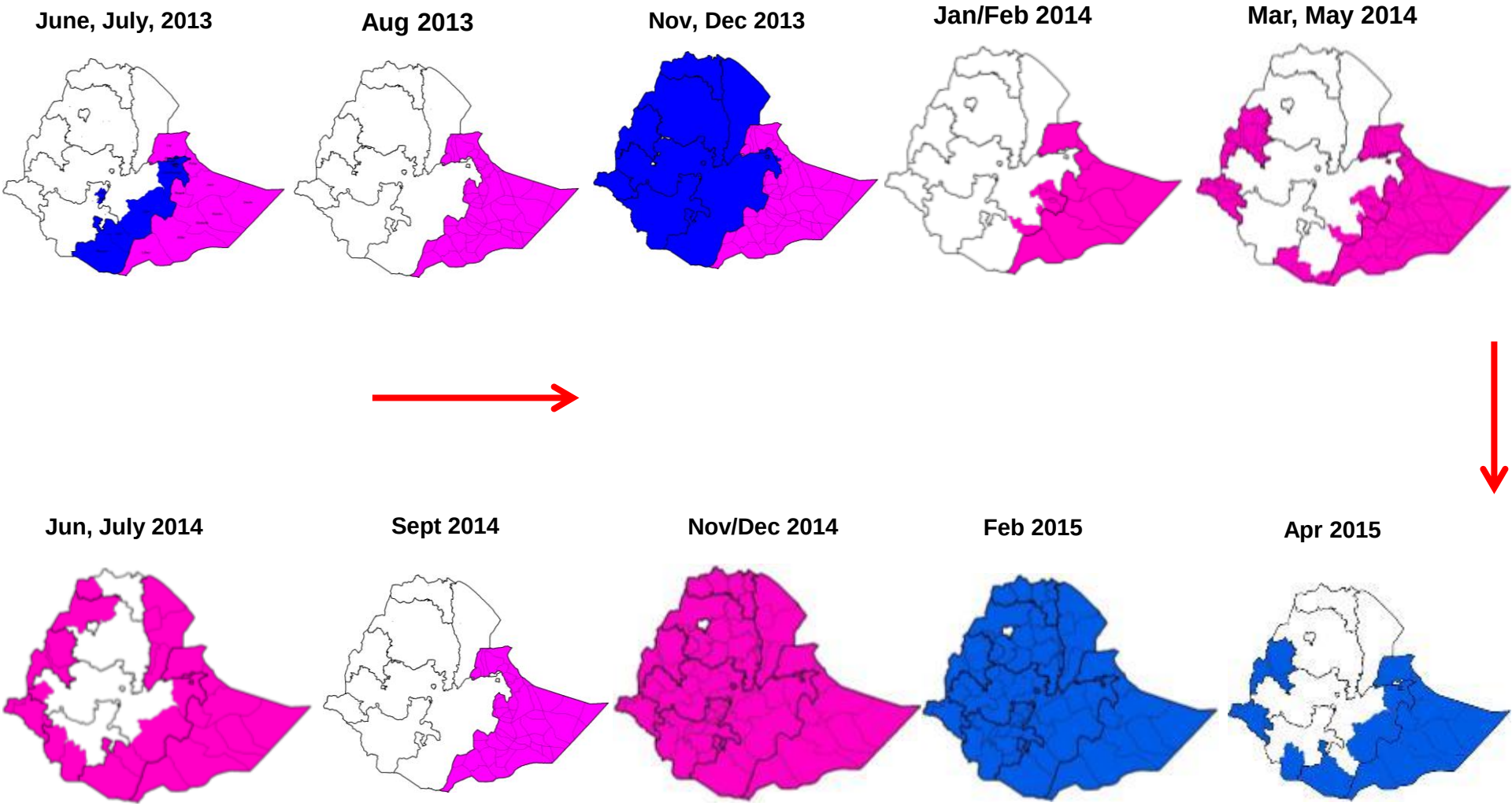
Indicators	Status
Number of SIAs, dates, type of vaccines, target age groups, and areas covered during outbreak immunization response activities were appropriate	Achieved with some delays
At least two full immunization rounds in the target areas after the most recent WPV detected case confirmation	Achieved **(9 rounds)**
SIA coverage at least 95% as evaluated by IM data	Partially achieved
Response plan was followed during outbreak response	Achieved

Impact of Response on outbreak: National

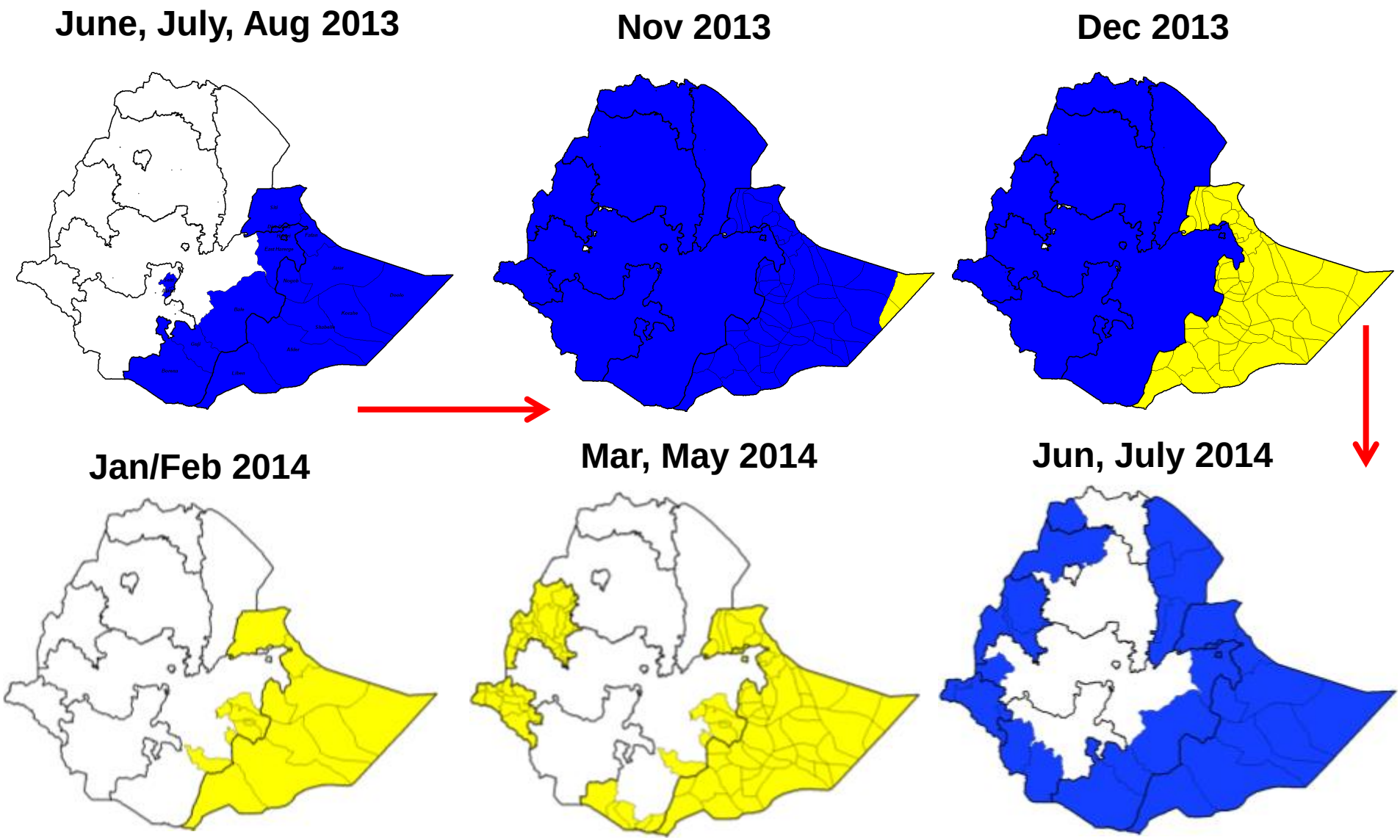


2. Did the outbreak response activities meet the outbreak response standards (WHA 59.1 (RC61) particularly in terms of speed and appropriateness ?

Polio SIA Antigen type 2013-2015



Polio SIA Target Age Groups 1st – 10th Rounds, 2013 - 2014



3. Have national authorities and supporting partners played their role as laid down in WHA resolutions for effective polio outbreak control?

Coordination

National

- Command Post chaired by HE State Minister with partners participation
- Sit rep disseminated widely; includes Command post decisions
- National EPI Task Force meets bi weekly
- Weekly WHO/UNICEF VC/TC between Addis Ababa offices and the field offices in Jijiga, Gode and Dollo Zones

Regional

- Command post chaired by RHB Head with partners participation
- Minutes shared at National level

Outbreak Zone

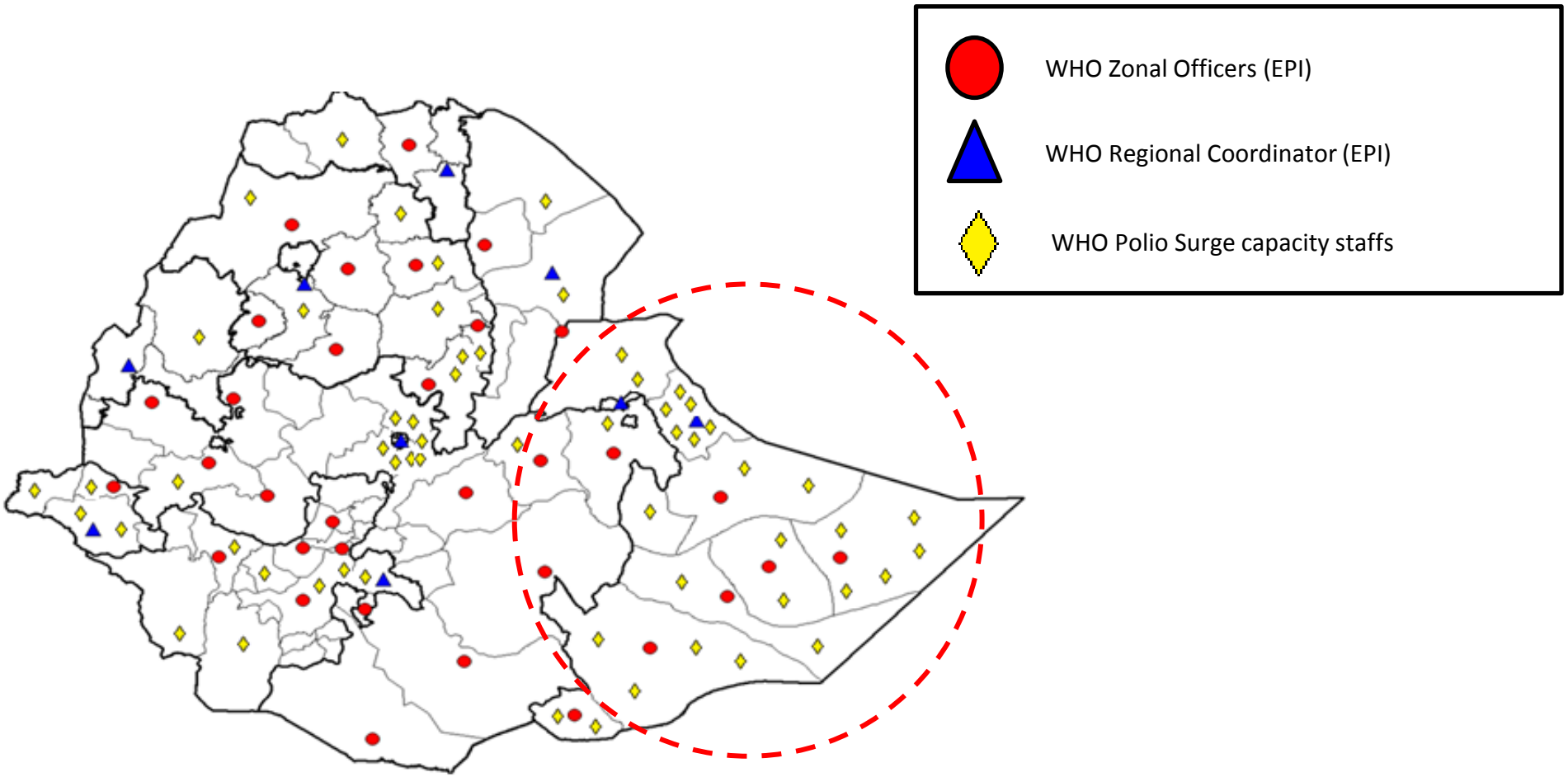
- Command post in place chaired by Zonal Administrator with partners participation
- WHO-UNICEF Operational base in Warder, Dollo zone

Local Joint Planning and Cross Border Coordination Meetings

No	Place of meeting	Participating Districts	Date of the meeting
1.	Doolo town – Somalia	Doolo district – Somalia Doolo Ado district - ETH	17th June, 2014
2.	Buhodle - Somalia	Buhodle district -Somalia Danod district - ETH	14th June, 2014
3.	Moyale town - Kenya	Moyale district – ETH Moyale District - Kenya	15th July, 2014
4	Togwajale Town - Somalia	Wajale district – Somaliland Awbare District - ETH	June & July
5	Faraayne Town - Somaliland	Farawayne district- Somalia Harshin district - ETH	June & July
6	God-dhere Town - Ethiopia	Adadle district - ETH Elbarde district - Somali	June & July
7	Djibouti	Djibouti-Ethiopia-Somalia-Somaliland-Yemen	28-29 October 2014

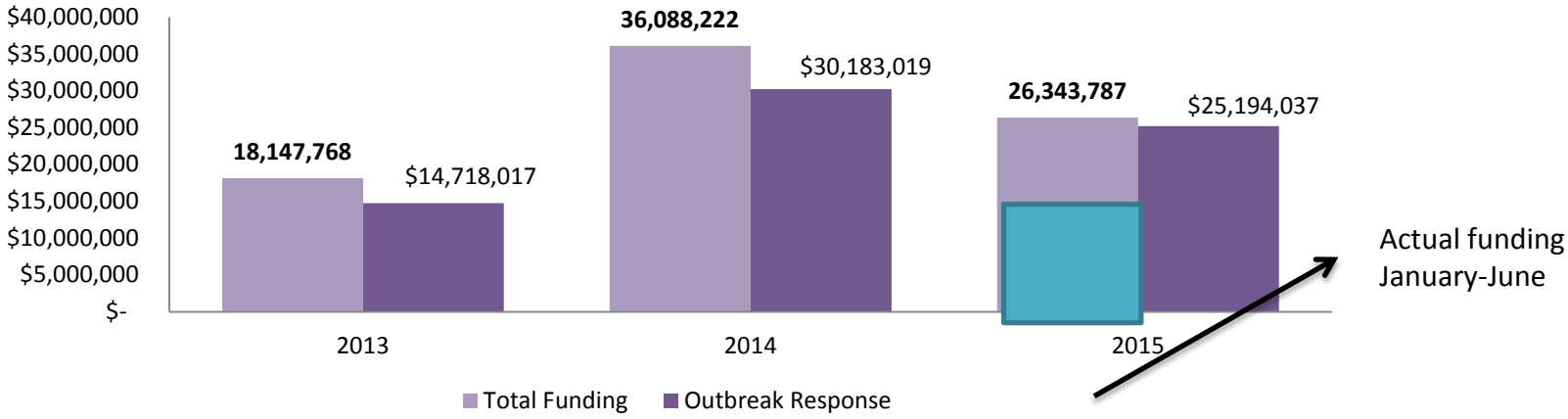
** ***Several other local meetings held to facilitate surveillance and SIA coordination at the border with Somalia***

Number and Location of Polio Funded WHO Staffs

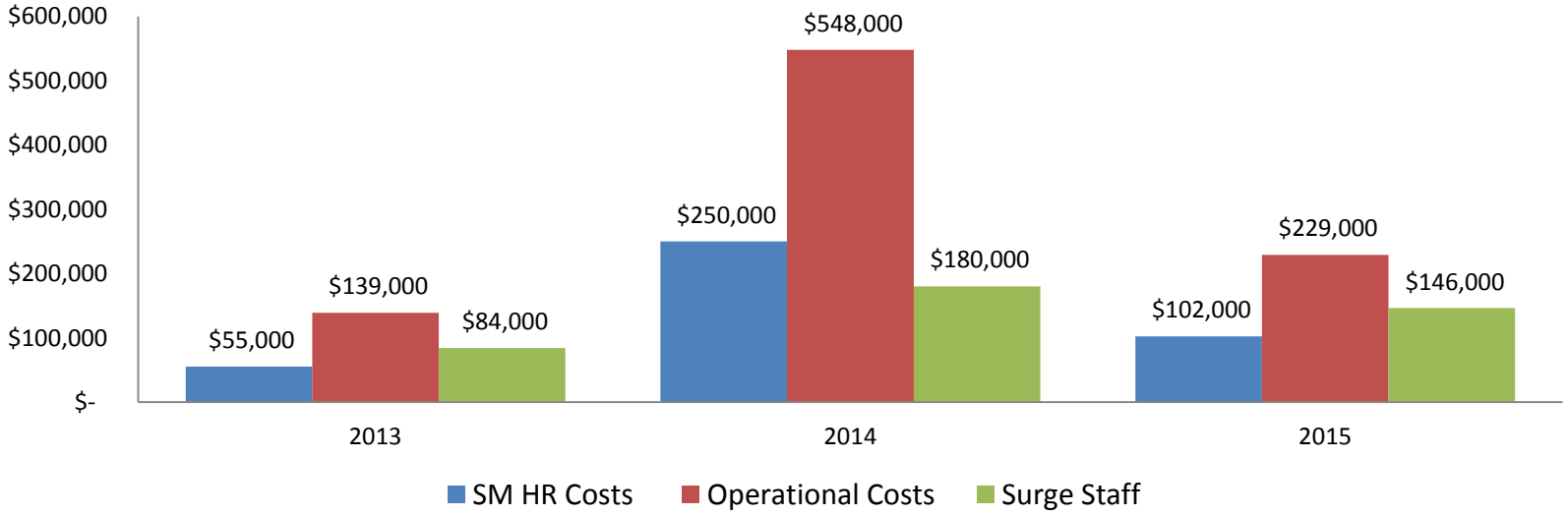


- **ToR of WHO officers include supporting routine immunization**
- **Monitoring framework is in place to track deliverables**

Total Polio Funding in Ethiopia 2013-2015 (WHO)

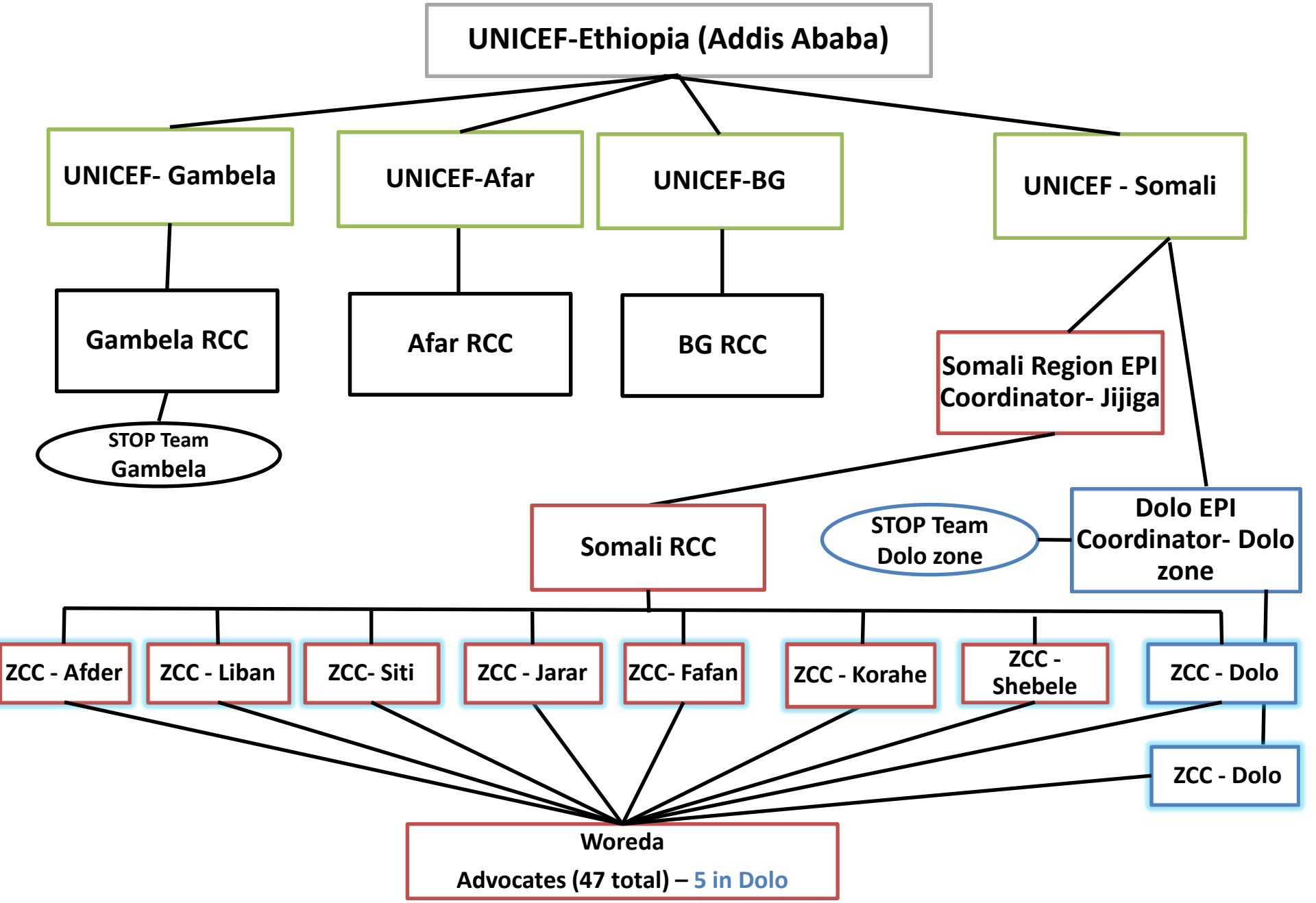


HR Ethiopia Surge Support 2013-2015 (UNICEF)



***Note, does not include vaccine funding or social mobilization funding**

C4D Surge – Communication Coordinators Network

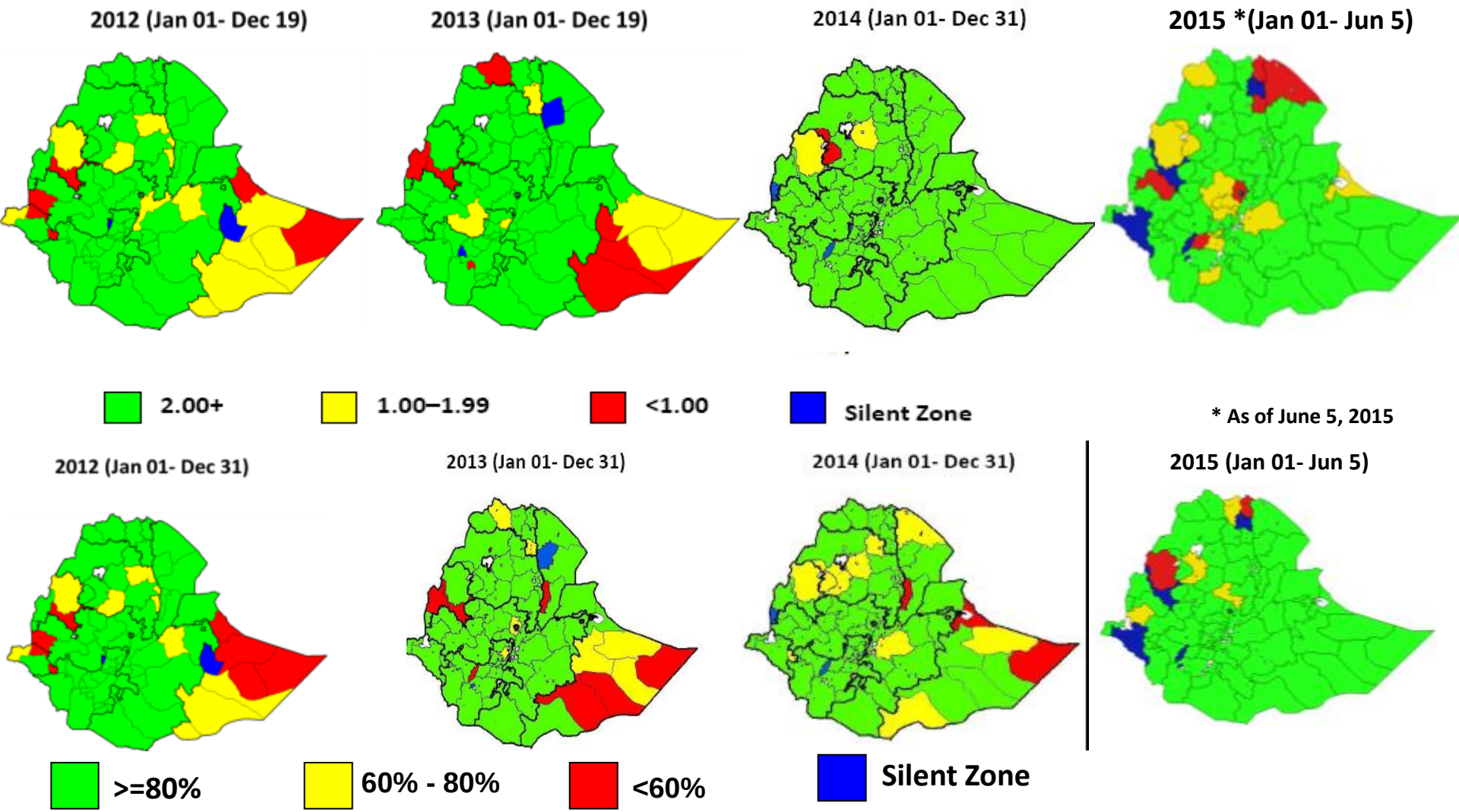


Summary of AFP surveillance Indicators, Ethiopia, 2008 – 2015*

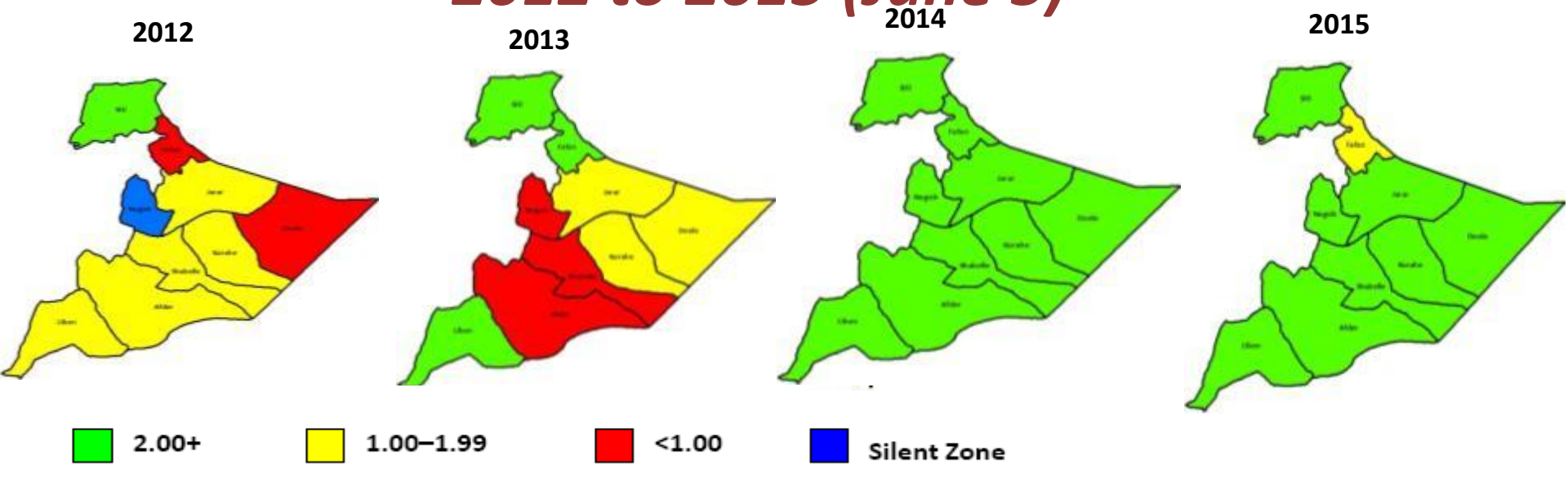
Indicators	Target	2008	2009	2010	2011	2012	2013	2014	2015
NP-AFP rate per 100,000 < 15 Yrs	2.0	2.9	2.20	2.8	2.7	2.9	2.9	3.1	3.2
Stool adequacy	80%	82%	82%	85%	88%	89%	87%	87%	93%
Investigated < 2 days of notification	80%	95%	98%	98%	98%	93%	97%	97%	93%
Specimen arriving at lab within 3 days	80%	99%	99%	99%	98%	99%	99%	97%	98%
Specimen arriving in good condition	90%	99%	100%	88%	91%	91%	82%	79%	82%
Non-polio enterovirus isolation rate	10%	8.3%	10.6%	6.5%	7.6%	4.6%	7.9%	7.0%	3.1%
Suspected Polio Virus Isolation Rate	10%	3.30%	3.80%	3.8%	2.2%	1.2%	7.3%	4.2%	8.6%
Timely Lab result within 14 days of receipt	80%	88.5%	90%	99%	83%	76%	77%	79%	87%

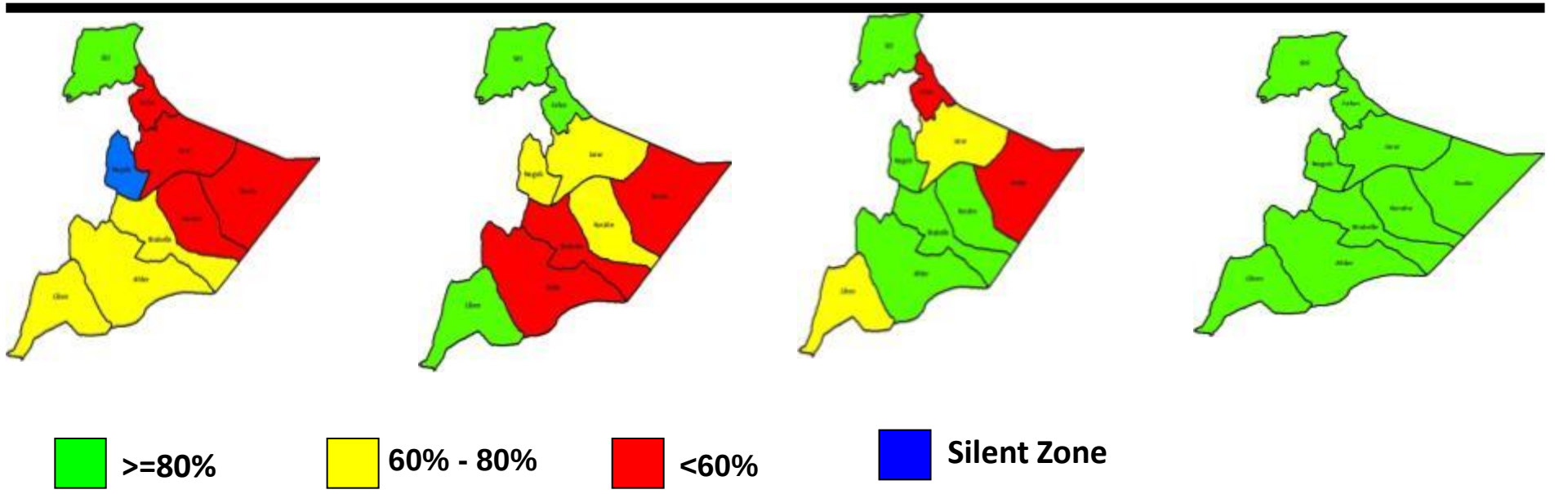
* Jun 5, 2015

*Progress of AFP surveillance by Zone, 2012-2015 (June 5)**
NP-AFP rate/Stool Adequacy



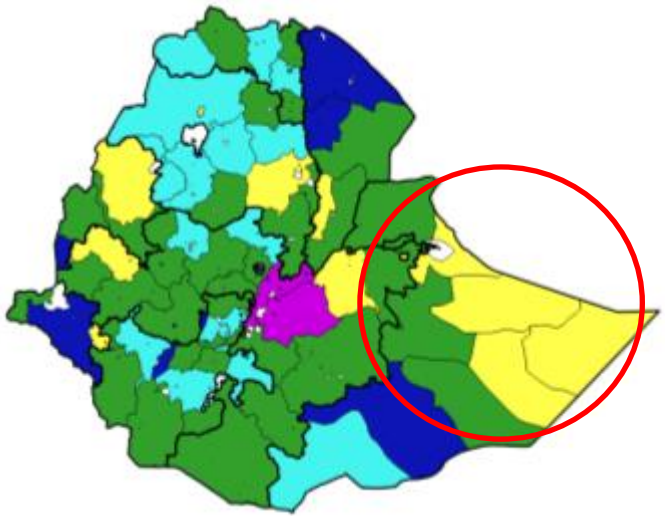
Somali region NP-AFP/Stool Adequacy, 2012 to 2015 (June 5)



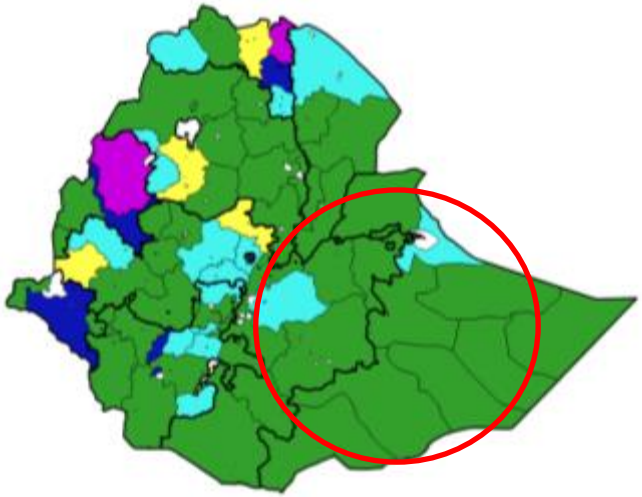


AFP Surveillance Indicators by Zone, Ethiopia and Surveillance Performance (both indicators) for Somali Region

2014 (Jan 01- Jun 5)



2015 (Jan 01- Jun 5)



Jan 01-June 05, 2014

Jan 01-June 05, 2015

High NP-AFP & Stool Adequacy Rate

Low Stool Adequacy & High NP-AFP Rate

Low NP-AFP Rate & High Stool Adequacy

Low NP-AFP Rate & Low Stool Adequacy

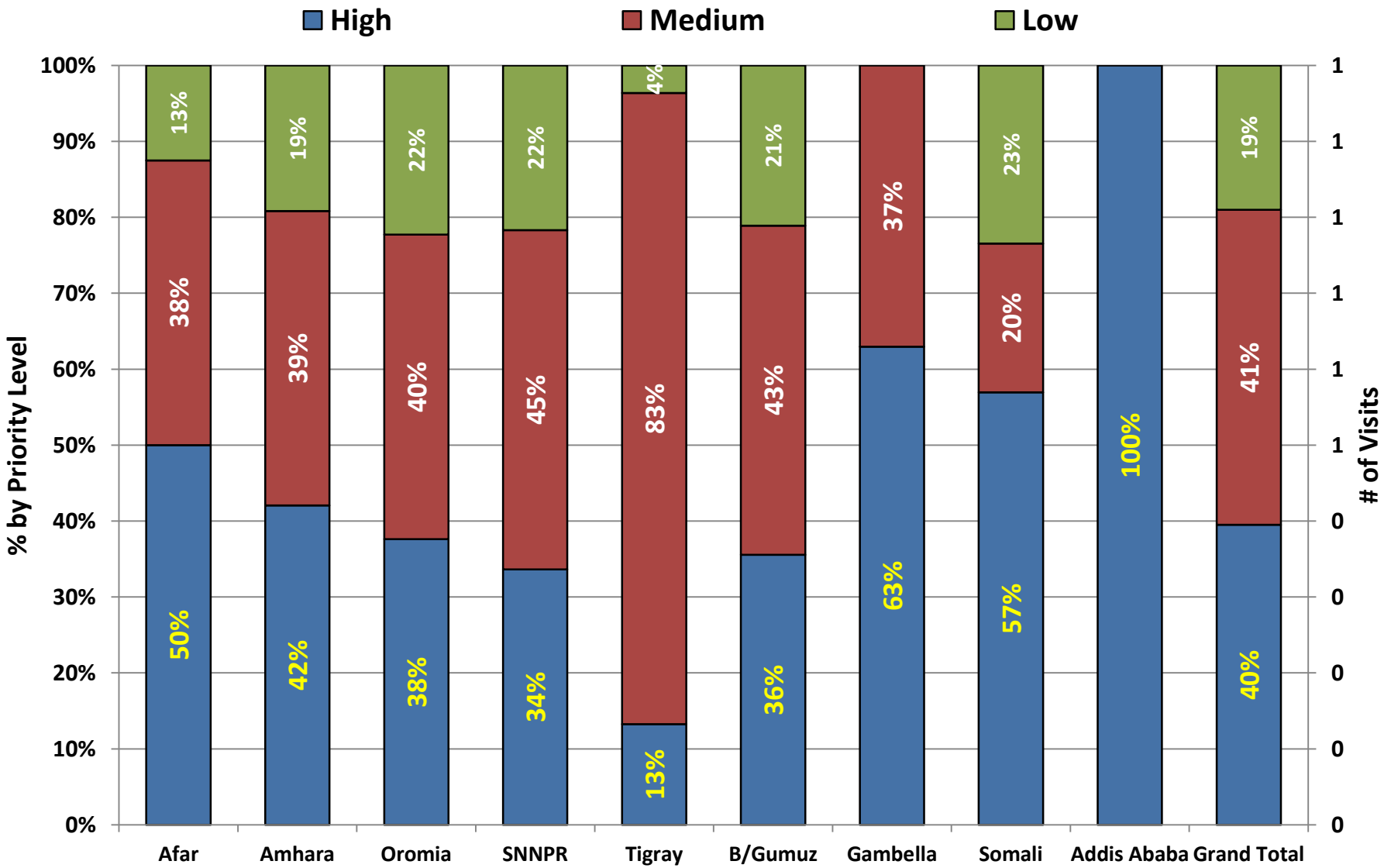
Silent Zone

AFP Surveillance Sensitivity

- Surveillance sensitivity:
  - Increased following outbreak and has been sustained

- Reporting network:
  - Includes govt. as well as private health facilities
  - The reporting network increased and sustained
    - Priority 1 (317)
    - Priority 2 (1275)
    - Priority 3 (11,916)

Proportion of WHO Officers visits by Priority level by region, 2014 PDA Data



AFP surveillance sensitivity

- Low NPEV isolation rate from 2010 to 2015 with range from 3.1 to 7.6%
- Contact sampling:
  - Contact sampling done 3 high risk regions and 7 high risk zones .
  - total of 167 samples taken from 127 index cases.
- Community based surveillance is being conducted in Nogob Zone and plans underway to expanded CBS in Somali Region supported by BMGF

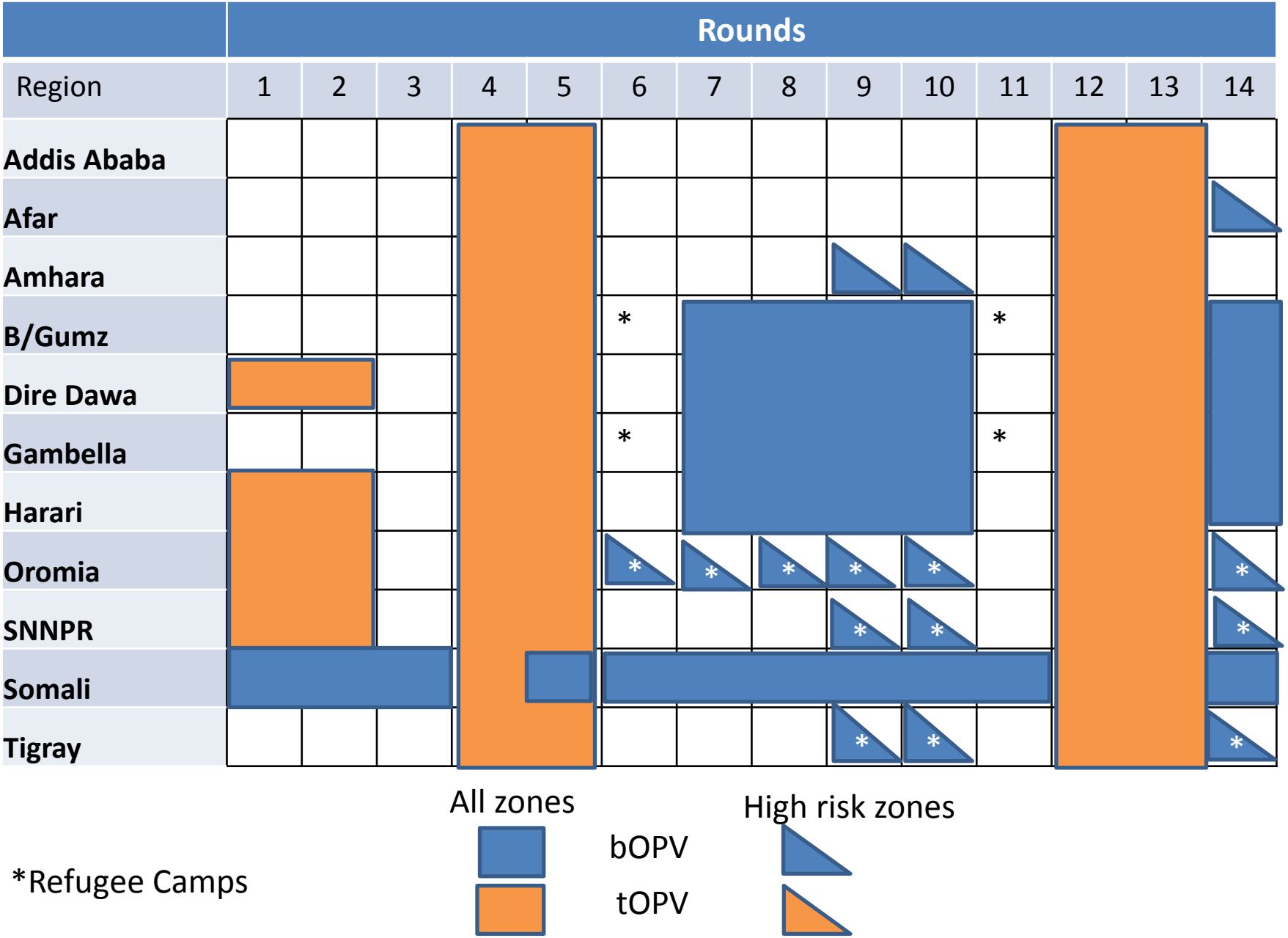
Joint SIA Launching and Synchronization, June & July

Joint launching of 9th round in Togochale, Somali, officiated by HE State Minister & Govenor of Somali Land

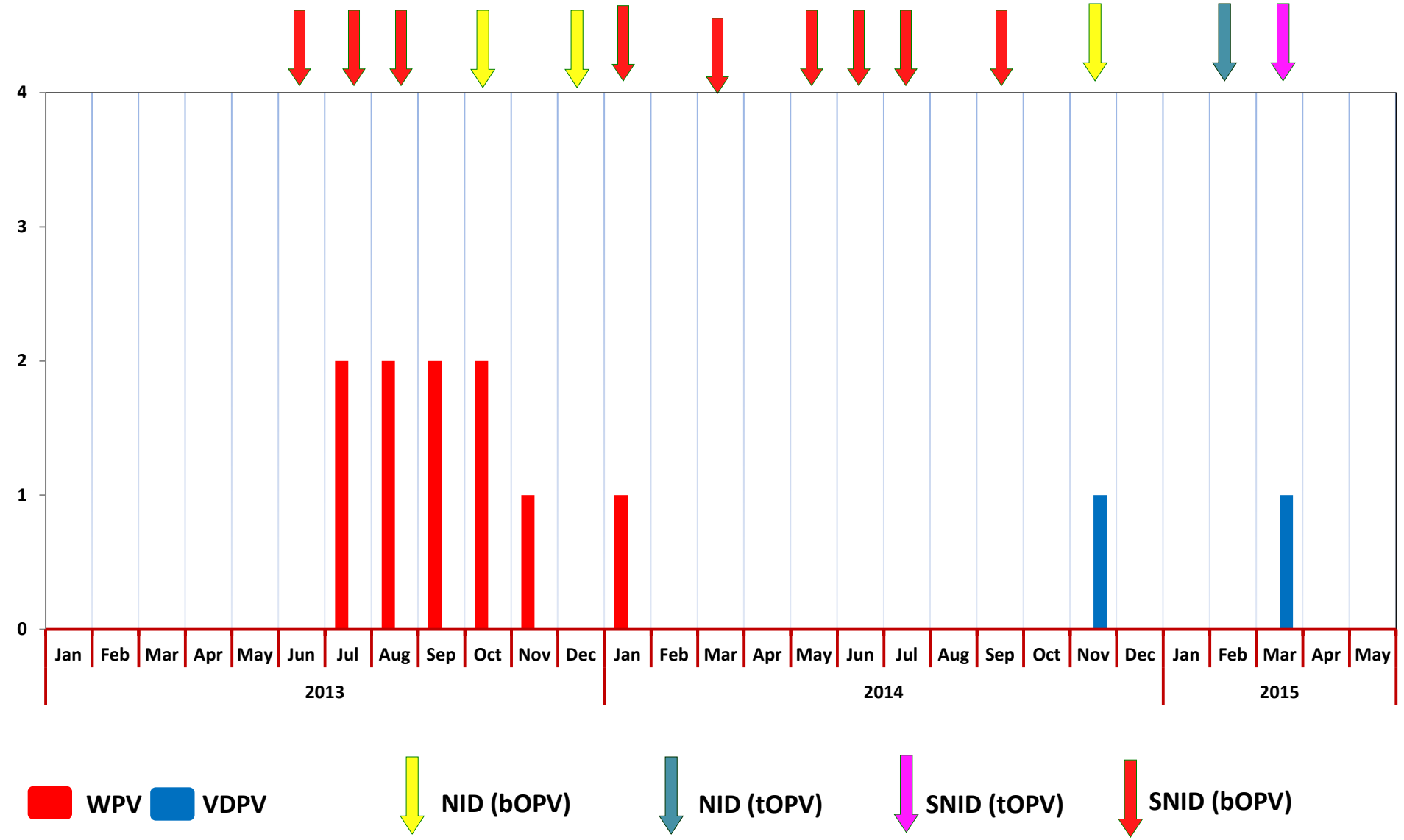
Joint SIA vaccination teams - synchronization at border of Harshin district (ETH) and Farawayne (Somalia)

Joint cross border meeting at Doolo Gedo, Somalia, with Doolo Ado (ETH)

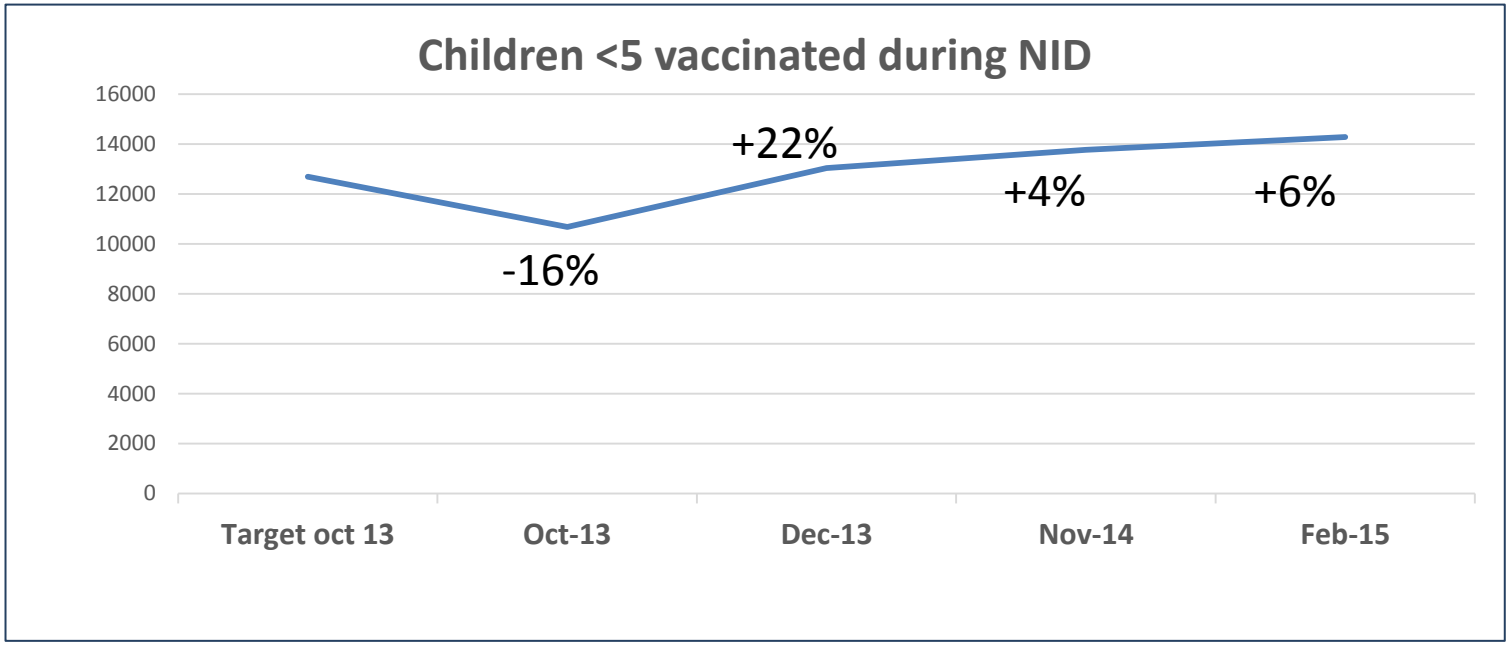
SIA by Target Population and Antigen

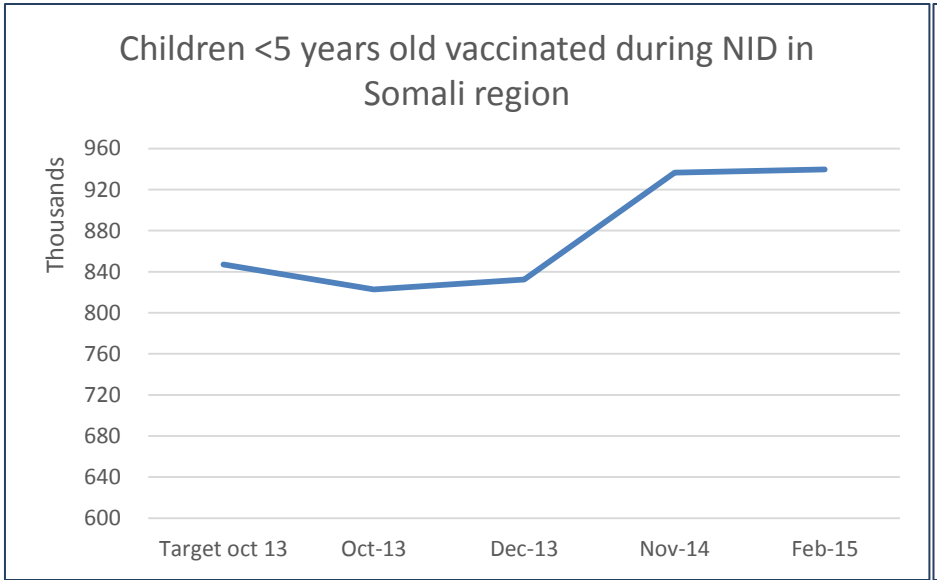


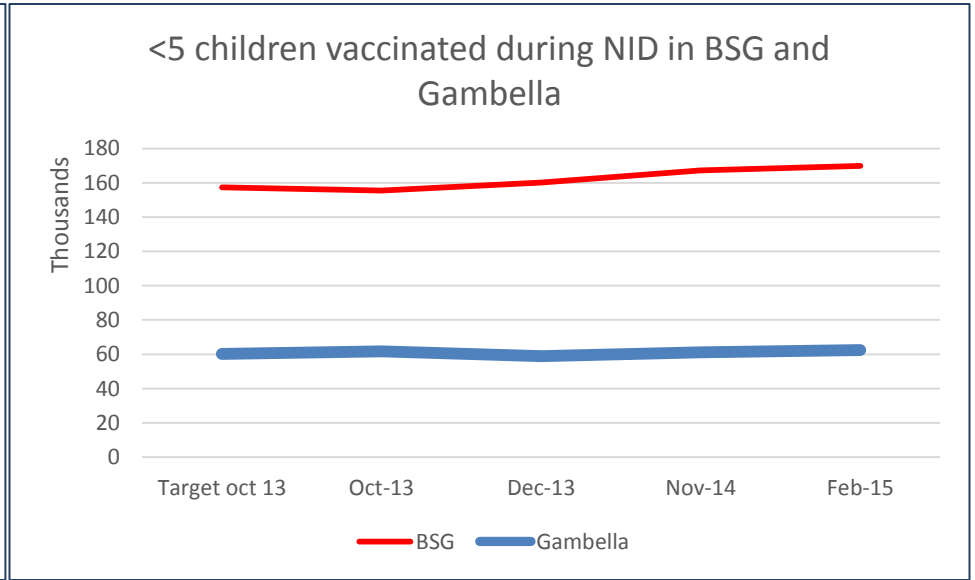
WPV/VDPV and SIAs Response, Ethiopia, Jan 2013 – Jun 2015



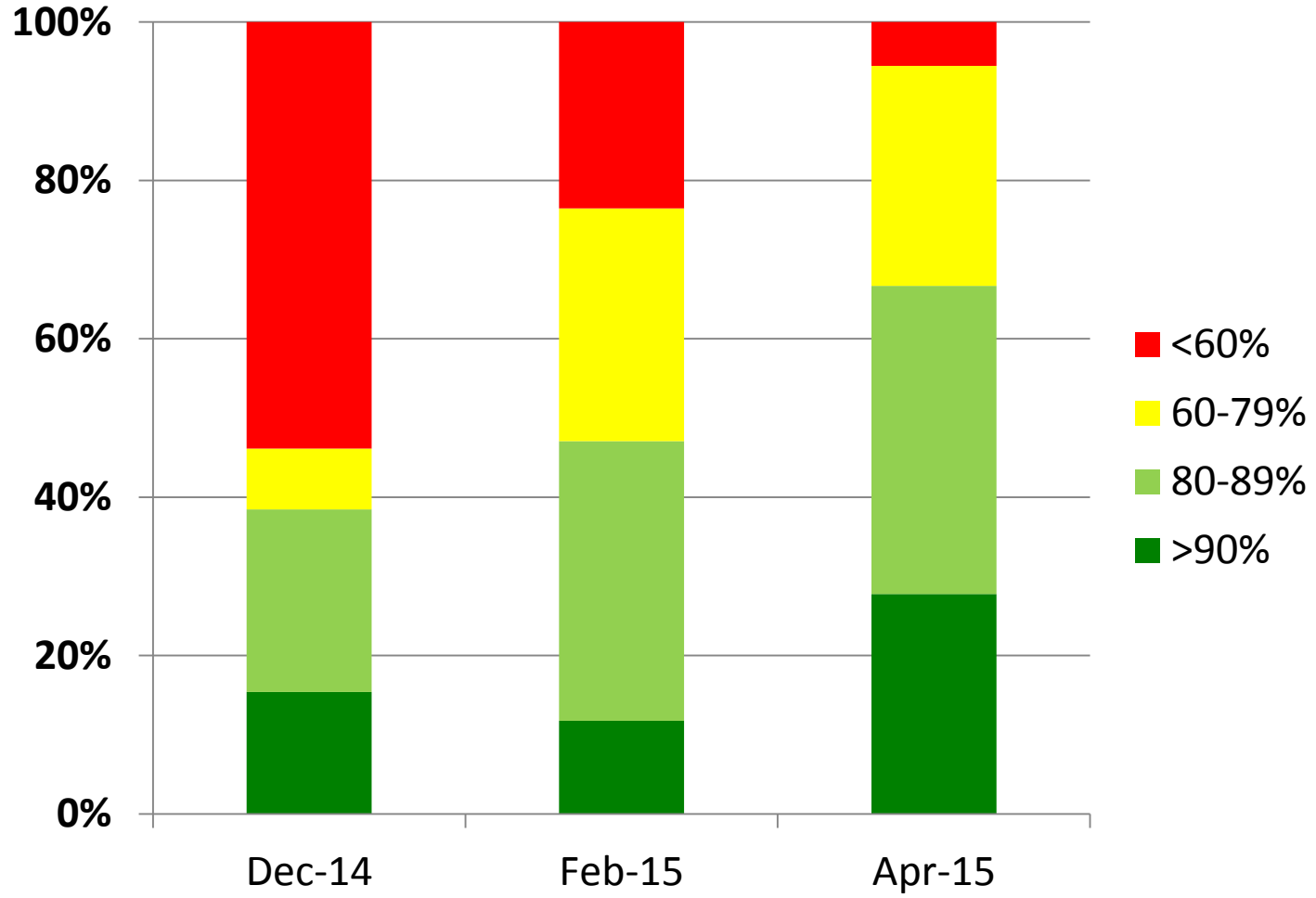
Quality of SIAs: the NID numbers







Quality of SIAs: LQAS Somali Region post-SIAs, Dec 2014-Apr 2015



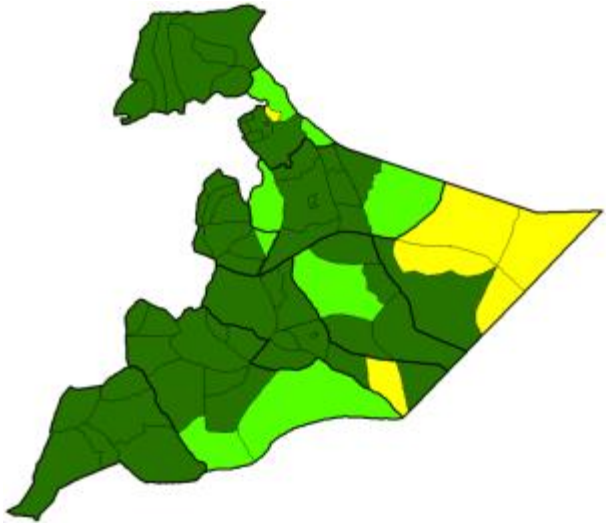
Note:

In Dec 2014, 13% of sampled villages (n=78) had no vaccinated children.

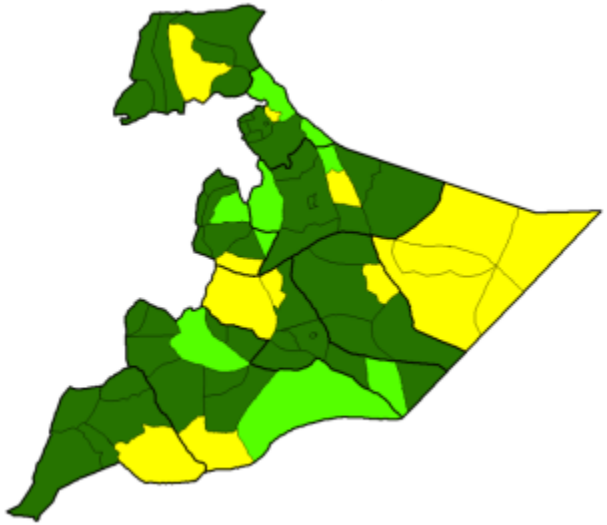
In Apr 2015, none of sampled villages (n=108) had unvaccinated children.

SIA Admin Coverage by Woreda, Somali Region, Rounds 9-14

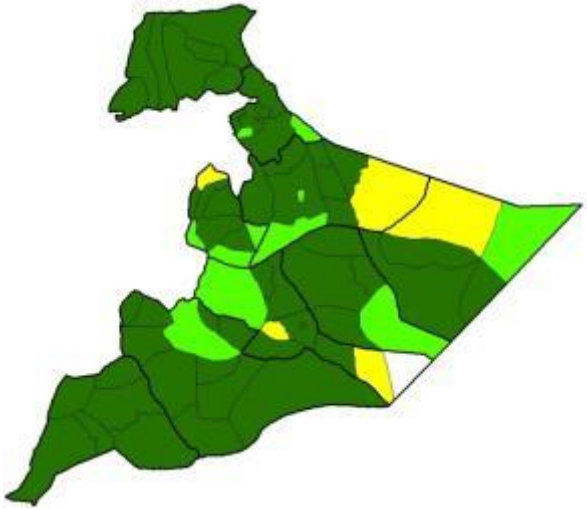
Round 9-June



Round 10 -July



Round 11-Sept

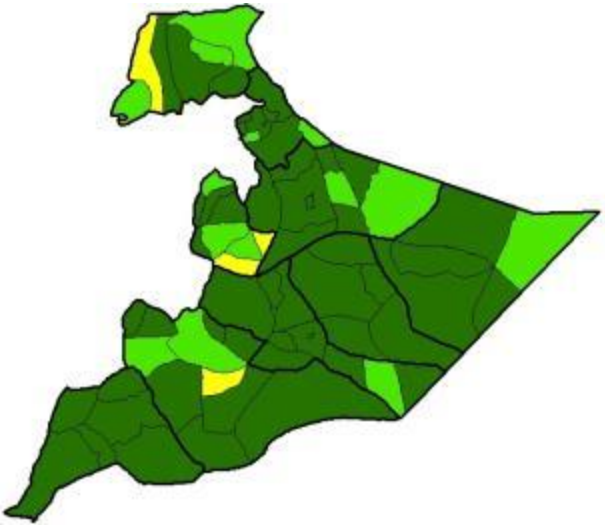


>=95%

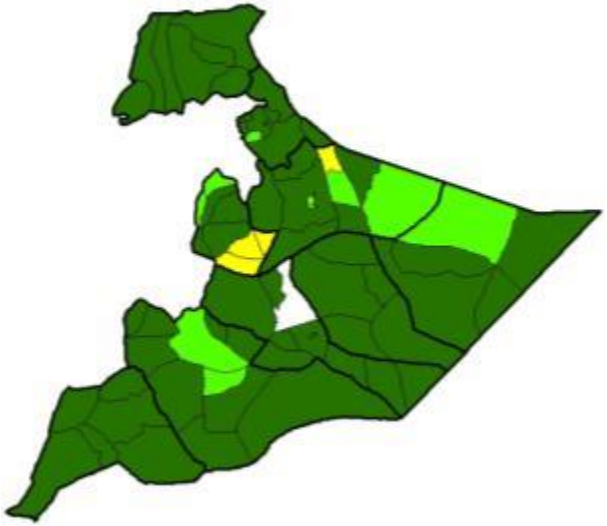
90-94%

<90%

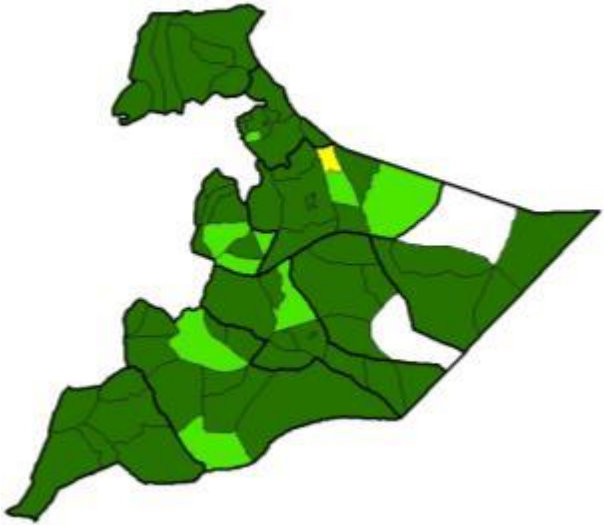
Round 12-Dec



Round 13-Feb-15



Round 14-Apr-15



Quality of SIAs: independent monitoring, nationwide

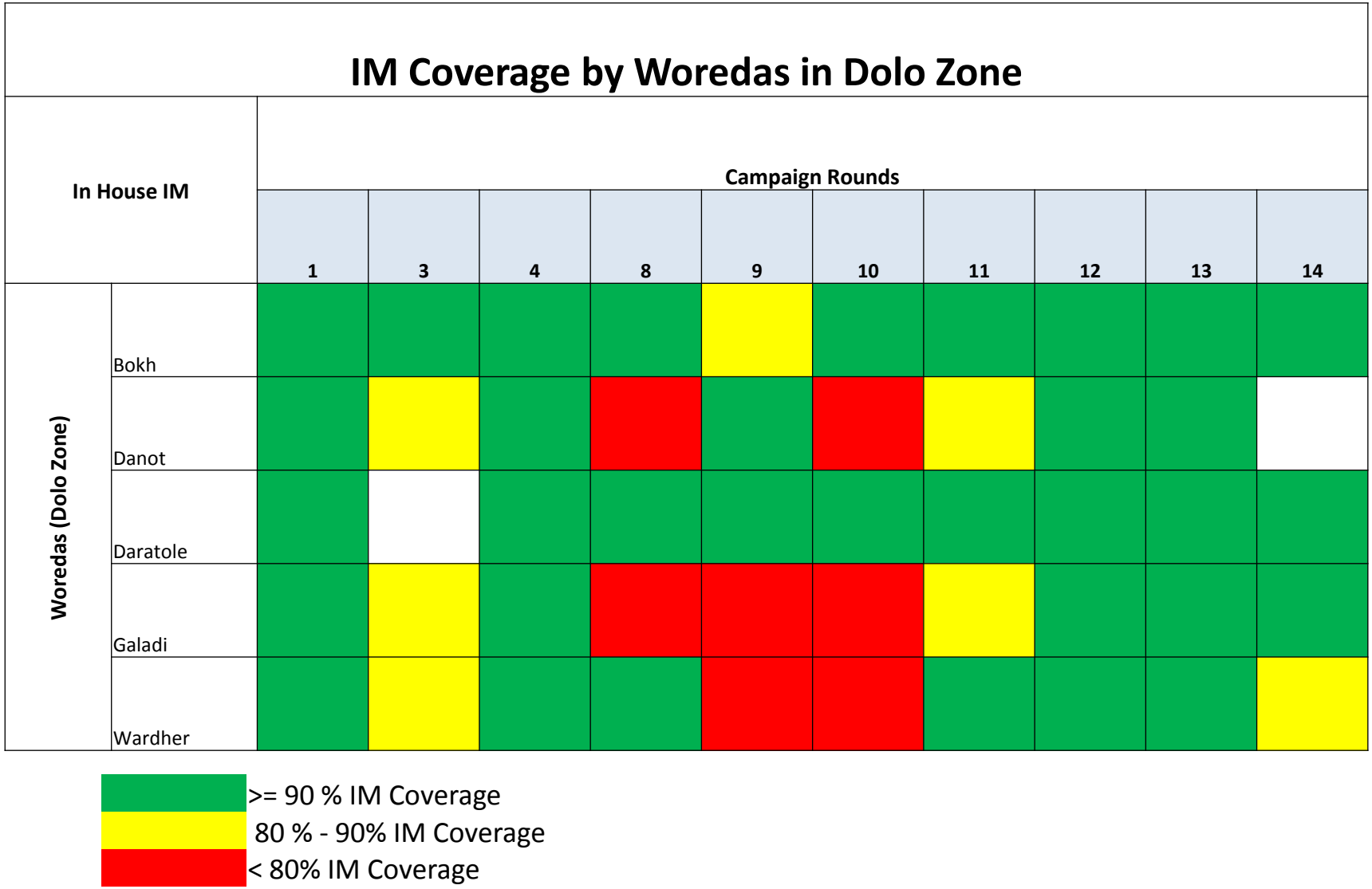
In House IM		Campaign Rounds										
		1	3	4	5	8	9	10	11	12	13	14
Regions	Addis Ababa											
	Afar											
	Amhara											
	B/Gumuz											
	Dire Dawa											
	Gambella											
	Harari											
	Oromia											
	SNNPR											
	Somali											
	Tigray											

Out of House IM		Campaign Rounds										
		4	5	6	7	8	9	10	11	12	13	14
Regions	Addis Ababa											
	Afar											
	Amhara											
	B_Gumuz											
	Dire Dawa											
	Gambella											
	Oromia											
	SNNPR											
	Somali											
	Tigray											

>= 80 % of Zones achieved atleast 90% coverage

<80 % of Zones achieved atleast 90% coverage

Quality of SIAs: IM with coverage in outbreak zone, Somali Region



Special vaccination activities

Refugees:
Refugee populations are regularly vaccinated, as shown in the table to the right

Older age groups : vaccination of children under 15 years in selected areas during the NID of October and December 2013

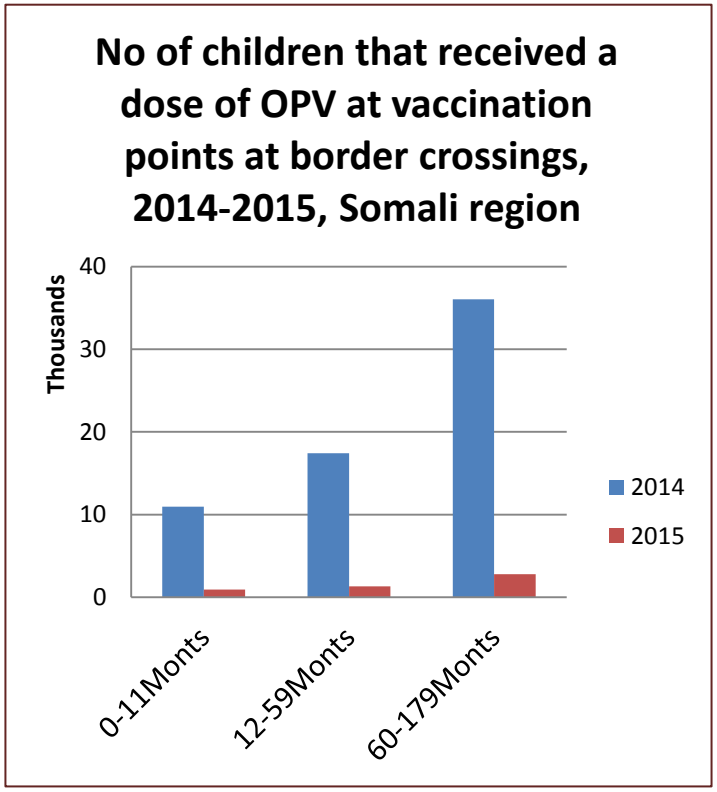
High risk groups and areas: high risk areas in SNNPR and Oromia, in addition to Somali, B/Gumuz and Gambella

Permanent Vaccination points targeting <15

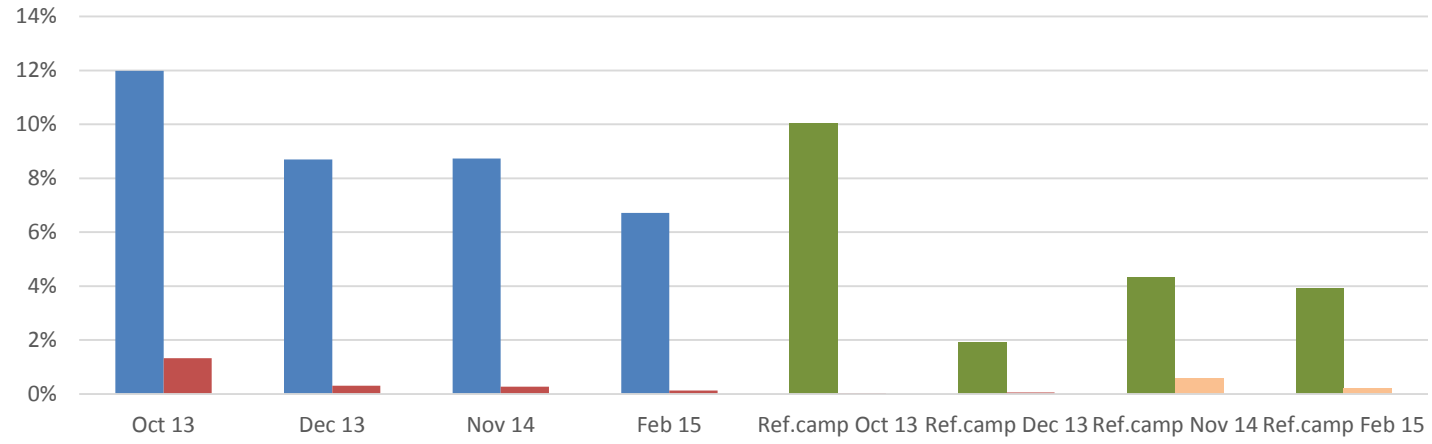
AFP detection during SIA: 240 cases since the beginning of the outbreak, of which about 150 during NID based on tally sheet data

Refugee vaccination

	Target	Vaccinated	Coverage
Nov 14 <5y	83,500	70,820	85%
Sep 14 <5y	53,177	58,576	110%
May 14 <15y	189,897	86,498	46%
Mar 14 <15y	141,064	142,428	101%



Evolution of the proportion of zero doses



General population

0-11 months

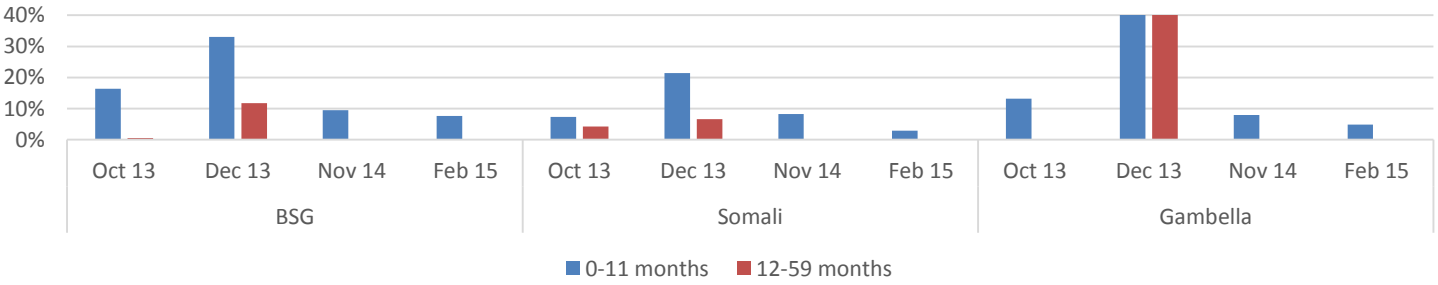
12-59 months

Refugee population

0-11 months

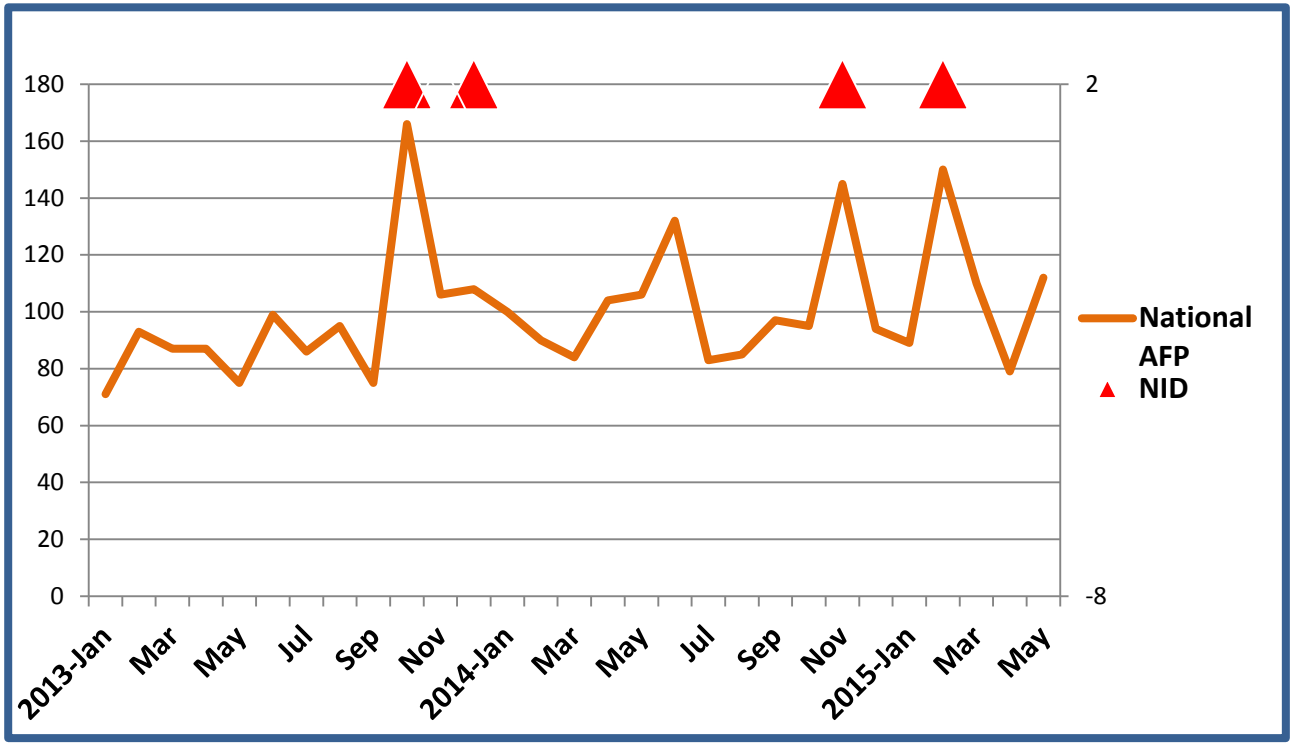
12-59 months

Proportion zero dose children in high risk Regions



AFP detection during SIA

AFP reports by date of Notification and date of NID, 2013 – May, 2015



How many were validated and what is the impact on the NP-AFP rate ?

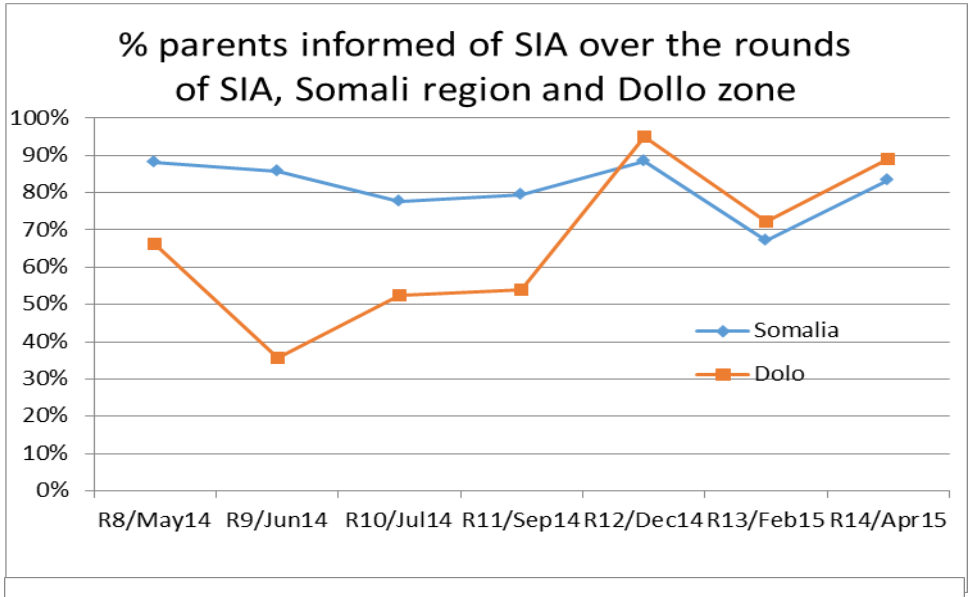
	Total AFP	AFP from SIA	Proportion AFP detected during SIA
2013 Q4	337	72	21%
2014	1211	118	10%
2015 Q1	344	44	13%

Strong points and points that can be improved

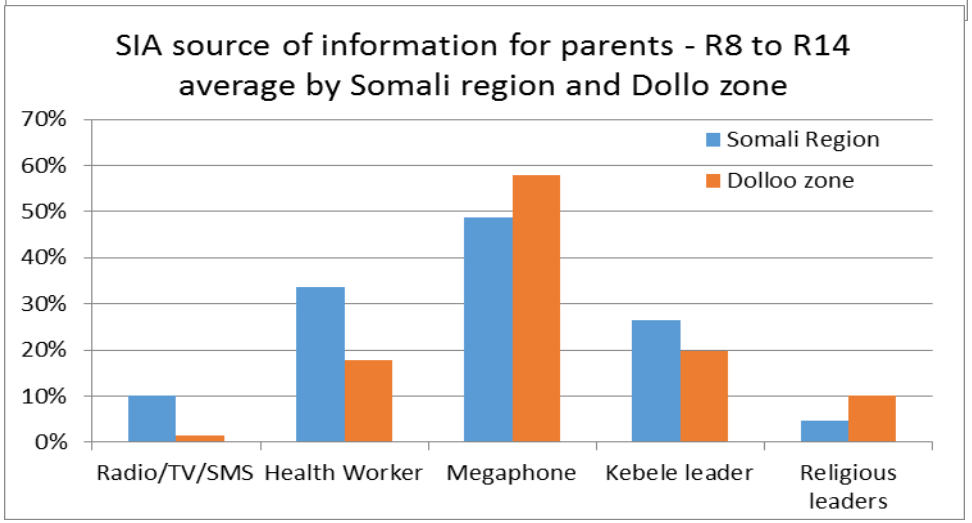
- Strong points
  - Fast response to the first case of WPV confirmed in August 2013
  - Good use of innovative strategies (older age groups, SIAD, etc.)
  - Vaccination of refugees
  - Reduction of the immunity gap nationwide and in Somali Region in particular
  - Identification of and support to high risk areas and groups
- Points for improvements
  - Signs of stagnating or declining SIA quality
  - Tally sheet data not used as additional source of information

Communication Outcomes

- % parents informed improved substantially over time from 36% in R9 to 89% in R14 in Dollo. The level in Somali region is over 80% in 5 of 8 rounds

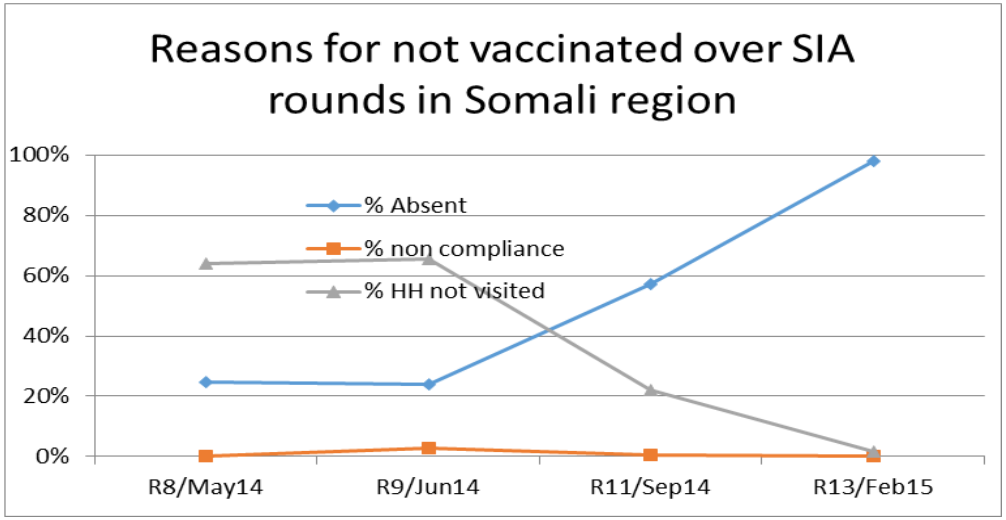


- Megaphone, Kebele leaders and Health Workers are main sources of information
  - Religious leaders are increasingly involved in promotion of SIA

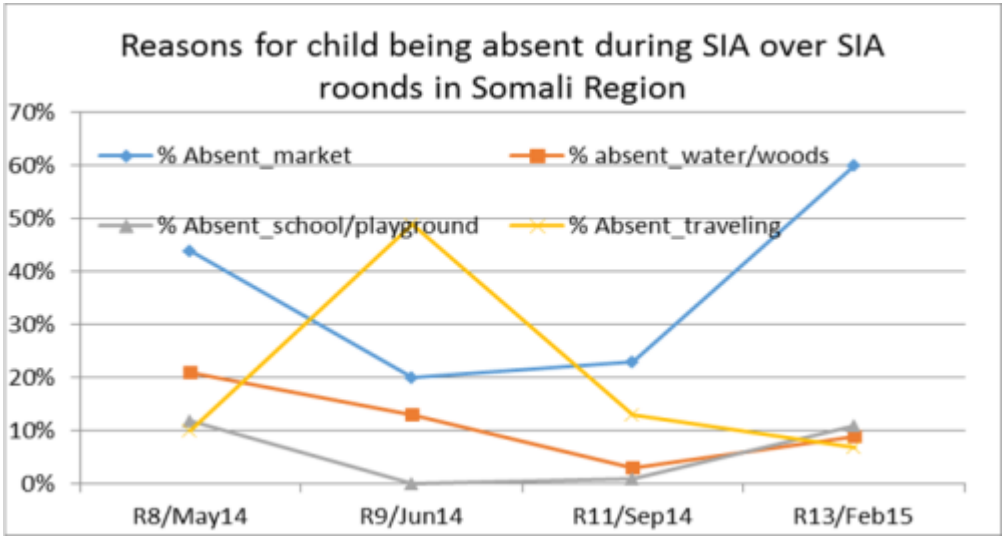


Communication Outcomes

- Child absent, House not visited and refusal are top three reasons for not vaccinated.
  - house not visited reason declined significantly.
  - Child absent reason increased over time
  - Refusals albeit low level further reduced. Major reason for refusal is child being sick.



- The reasons for child absent were measured in responses as Child was in market, in woods, in school/playground or traveling.
  - Child in market is number one reason followed by child in woods.
  - The trends shows that they all decreased over time except a rise in R13.



Outbreak preparedness and response plan

- Outbreak preparedness and response plan including communication response exists.
- However, it needs to be revised to reflect issues of sustainability.
- Country has 6 SIAs all SNIDs planned for year 2015 (5 tOPV and 1 bOPV).
- RI improvement plans exists and being implemented.
  - Mid-term evaluation planned for August 2015

Conclusions

Conclusions (1)

The assessment team recognizes that there has been significant improvement in the quality of surveillance, the quality of SIAs, application of communication strategies, and reaching mobile populations.

Conclusions (2)

- **The assessment team believes that transmission in Ethiopia has been interrupted.**
- Surveillance system overall is robust and could pick up any transmission but efforts need to be made to further improve some areas at subnational level.
- There is an apparent improvement in population immunity but this needs to be further addressed with better quality of SIAs and RI improvement.
- Outbreak preparedness and response plan including communication response plan exists but needs to be updated to address transition and sustainability.

Conclusions (3)

- The assessment team has noted that the coordination mechanisms that were established for outbreak response have been sustained at national, regional, and zonal level
- Despite of multiple rounds, overall the environment is still enabling for campaigns. High awareness rates and acceptance is attributable to matured social mobilization platforms.
- Collection and use of social data for communication planning noticeably strengthened – better analysis, planning and greater accountability of the network.

Conclusions (4)

- Identifying and reaching out to pastoralist population - engagement with clan elders and at livestock infrastructure has broadened but not universal.
- Communication tools and products are of good-quality and widely available; however, few sophisticated tools for educational sessions are available in regional languages.
- An evidence of wide engagement with radio networks in creating campaign awareness exist but outputs are not well articulated or tracked.

Recommendations

Recommendations

- **Surveillance:**
  - While there is clear evidence that surveillance indicators have greatly improved in the outbreak region, there is need to address suboptimal surveillance indicators in Gambella, BNG, and West Tigray while sustaining the improvement in Somali Region.
  - Community based surveillance activities should be implemented as planned.
- **Population immunity:**
  - Conduct the SIAs as scheduled.
  - Use tally sheet data and the SIA database as additional source of information on SIA quality.
  - Sustain and strengthen reach to high risk population groups for SIA and RI
  - Sustain permanent vaccination points going forward
  - Continue implementation of RI improvement plan

Recommendations

- **Outbreak response preparedness:**
  - Update the outbreak response plan to address transition and sustainability.
- **Coordination**
  - Established command posts should be sustained at national, regional, and zonal level and should continue to include other immunization components and other dieseases of public health importance.
- **Resources:**
  - Ensure adequate resources for surveillance at national and sub national levels particularly related to active surveillance visits and sensitization of reporting network.
  - Ensure surge capacity is sustained for a minimum of 12 months and a transition plan needs to be developed within 6 months

Recommendations

- **Communication**
  - Maintain existing focus and the intensity of social mobilization efforts in the Somali region for at least 12 months to enable completion of SIA schedule and potentially use of the platforms for other health and development interventions.
  - A clear plan of transitioning of “polio communication assets”, including social mobilization network, surge polio HR support, and partnerships should be derived within the next six months.
  - Integration of veterinary services, which are much demanded by pastoralists, with immunization and other health services should be further operationalized between the Federal Ministries of Health and Agriculture.

Recommendations

- Commendable efforts to improve use of communication and social data should further focus on data fidelity, analysis, and application at sub-national level.

- Production, distribution, and use of communication and education tools (SM flipchart, “speaking books”) for the audiences in the regions must be prioritized.

- Media plans and execution of radio and other mass communication broadcasts should be informed by the results of the completed campaigns, strategically targeting the audiences.

- **Overall, the assessment team recommends that this outbreak be declared closed.**

- **The assessment team however urges the government and partners to ensure that:**
  - The surveillance quality is further improved, maintained and
  - The quality of the SIAs is sustained
  - The RI improvement plan is fully implemented
  - Enabling environment for immunization is sustained

Thank you